

The chart on this page shows how help is provided with premiums, the annual deductible and co-payments.

	Beneficiary eligible to enroll in Medicare Prescription Drug Plan - not eligible for the extra help- (Income greater than or equal to 150% FPL)	Beneficiary eligible for Partial help (Less than 150% FPL and resources below the alternative level*)	Beneficiary eligible for full level of help (135% FPL or less and resources less than the resource level**) , QMB only, SLMB only, QI and SSI only	Beneficiary eligible for full level of help (with Full Medicaid Benefits)
Deductible	\$250/year	\$50	\$0	\$0
Initial Drug Benefit	\$251 - \$2,250 with 25% copay	\$51 - \$5,100 with 15% copay	\$0 - \$5,100 with \$2 generic/\$5 non-preferred each prescription	\$0 - \$5,100 with \$1 generic/\$3 nonpreferred each prescription*** if at or below 100% FPL; \$2 generic /\$5 nonpreferred each prescription if above 100% FPL; and \$0 copays if institutionalized
Between Initial Benefit and Catastrophic Benefit	No coverage between \$2,250 and \$3,600 out-of-pocket (at least \$5,100 in drugs)--100% Beneficiary liability	Covered	Covered	Covered
Catastrophic Benefit	Over \$3,600 out-of- pocket (at least \$5,101 in drugs) with 5% coinsurance or \$2 and \$5 copays	Over \$3,600 out-of- pocket with \$2 generic/\$5 non-preferred each prescription	Over \$3,600 out-of- pocket with no copay	Over \$3,600 out-of- pocket with no copay
Premium†	Estimated average \$37/month (premium varies by plan)	25%, 50%, or 75% of premium – See HI 03020.055D	\$0 (at least one \$0 premium plan must be available in an area)	\$0 (at least one \$0 premium plan must be available in an area)

* Alternative resource test of \$10,000/single or \$20,000 couple applies.

** Resource test in 2006 is 3 X SSI (\$6,000/single or \$9,000 couple).

***Co-payments are indexed to the Consumer Price Index (CPIU).

† For eligible beneficiaries, the extra help is based on a percentage of the standard premium for the beneficiary's area.